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Presenting the German Democratic Republic as a therapeutic state:

Alcoholism and the law in *Polizeiruf 110*

Introduction

Polizeiruf 110 (Dial 110 for the Police) was the GDR's most popular television crime series, with 133 episodes broadcast between 1971 and 1989. It is also the only television series for adults and young people that originated in the GDR and is still produced today. In the GDR, *Polizeiruf 110* was produced in close partnership between the state television broadcaster and the Central Department of the Criminal Police, which suggested which types of crime the series should feature, provided material on real-life cases and advised on screenplays. When police advisors first started to draw up plans for the series, they emphasized that it needed to be so exciting that viewers would not want to miss a single episode (Ministerium des Innern, 1966: 4). This was crucial if *Polizeiruf 110* was to compete effectively with the mainstream entertainment provided by West German television, which acted as a magnet for viewers in the East. The Central Department of the Criminal Police was also keen for television police drama to reflect the types of crime that occurred in the GDR, so that such drama could contribute to crime prevention where it was most needed (Ministerium des Innern, 1971: 2). Both of these factors served to widen the scope available to the producers of *Polizeiruf 110*, allowing them to explore types of crime

that were regarded as politically sensitive, such as alcohol-related crime or juvenile crime, alongside offences such as theft, murder and manslaughter. But they still had to strike a balance by presenting a reassuring portrait of the GDR as a society with intact socialist values, superior to the Federal Republic. Criminal behaviour was to be presented as the exception, not the norm, and the episodes had to show that the police were working successfully to track perpetrators down and, where possible, to re-educate them. The series thus remained firmly embedded within a socialist realist framework.

Between 1981 and 1988, *Polizeiruf 110* featured three episodes that focused on alcoholism: *Der Teufel hat den Schnaps gemacht* (The Devil Invented Brandy, 1981), *Unheil aus der Flasche* (Disaster from the Bottle, 1987) and *Flüssige Waffe* (Liquid Weapon, 1988). These episodes were designed for a mass audience: they were broadcast in the primetime Sunday 8 p.m. slot, reviewed widely in the press and shown again as repeats. Their prominent position stood in marked contrast to the usual reticence with which the GDR media treated alcoholism. It is true that there was no blanket media ban on references to alcoholism, and in 1976 the ruling Socialist Unity Party (SED) itself called for a ‘concerted battle’ against alcohol abuse. However, the SED buried this phrase in its 269-paragraph Party manifesto (SED, 1976), and no statistics were published after 1978 on the incidence of alcohol-related illnesses in the GDR (Barsch, 2009: 181). This article examines how the producers of

Polizeiruf 110 mediated and addressed alcoholism in this context: how they diagnosed the problem and what they recommended as the cure.

The use of medical terminology here is deliberate, as the three episodes present alcoholism as a medical condition over which the sufferer has no control. This view can be traced back to the Moscow-based doctor Constantin von Brühl-Cramer, who characterized excessive alcohol consumption as an illness in 1819, and to the Swedish doctor Magnus Huss, whose 1849 treatise on *Chronic Alcohol Sickness or Alcoholismus Chronicus* appeared in German translation in 1852. Researchers began to use the terms ‘alcoholism’ and, in the German context, ‘alcohol sickness’ (*Alkoholkrankheit*), to distinguish alcohol addiction from drunkenness (Transchel, 2006: 2-4). For more than a century, though, the understanding of alcoholism as a medical condition was eclipsed by the view associated with the temperance movement, which interpreted all forms of drunkenness as signs of moral decay and individual weakness. This view was only slightly modified in the early GDR, when even medical experts identified alcohol abuse with ‘backward’ elements in society that were inimical to socialism (Kochan, 2011: 20). Whilst this view was still to be found in the 1970s (Kochan, 2011: 148, 183-184), by this time the medical understanding of alcoholism had begun to gain acceptance in the GDR. It was indebted to the ‘disease concept’ that Elvin Morton Jellinek (1960) had developed at the Yale Center for Alcohol Studies in the 1940s and 1950s and propagated through

the World Health Organization. It is important to recognize that this medicalization of alcoholism was not simply the work of the GDR medical and political establishment, as the exclusive focus on GDR developments in Gundula Barsch's study (2009) might seem to suggest; it actually fitted into a much broader international pattern that transcended the Cold War divide.

In theory at least, the medicalization of alcoholism changed the social role assigned to the alcoholic. In his classic study of the 'sick role', Talcott Parsons (1952: 437-447) argues that being labelled 'ill' relieves patients of responsibility for their condition and simultaneously obliges them to accept the help offered by 'therapeutic agents', such as doctors, counsellors or psychiatrists. In *Polizeiruf 110*, police detectives function as front-line therapeutic agents, securing alcoholics access to the medical treatment that they need. This emphasis on humanitarianism and paternalism served a clear propaganda function, justifying state intervention and encouraging viewers to trust the GDR authorities. However, it also resonated with sociologist Nicholas Kittrie's analysis of the emergence of the 'therapeutic state', based primarily on data from the United States. According to Kittrie (1971: 3, 5, 8-11), the therapeutic state derives its mandate from the English common law concept of *parens patriae*, the principle that the sovereign or state has a duty of care towards subjects who are not competent to take responsibility for their own lives, whether due to physical weakness or mental infirmity. This principle entitles the state to impose therapy on unwilling

recipients of its aid (Kittrie, 1971: 41), indicating that the impulse towards social control is already integral to the therapeutic state. Kittrie's model offers a means of uncovering some of the features that the *Polizeiruf* episodes share with Western sociological discussions of alcoholism and the law. This is not to assume that the episodes conform to Kittrie's model in every respect; in fact, it is precisely by identifying the ways in which they diverge from the model that we can begin to understand how the representation of the therapeutic state was inflected in the GDR. The episodes do, of course, offer only a representation of the GDR, and one that viewers inevitably measured against their own experiences. The German Broadcasting Archive holds 46 letters and postcards that GDR viewers sent in response to the episodes. They offer a rare opportunity to examine how viewers engaged with popular television in the GDR, what kinds of relationships they constructed with their addressees, and how they reacted to the characterization of police detectives as therapeutic agents.

Episodes in an alcoholic career

The protagonists of the three episodes can each be seen as representing a different stage in what some alcoholologists (e.g. Fingarette, 1990: 19; Lewington, 1979a: 28) refer to as the 'alcoholic career': the untreated alcoholic, the relapsed alcoholic and the recovering alcoholic. *Der Teufel hat den Schnaps gemacht* was written and directed

by Manfred Mosblech, and it features an untreated alcoholic called Theo Lute, played by the popular actor Ulrich Thein. When his young son dies in a tragic accident, Lute takes refuge in alcohol. Despite knowing that Lute is an alcoholic, his friend Eugen Zoch invites him to spend the weekend drinking with him at his summerhouse in the countryside. While drunk, Lute sexually assaults a young woman, murders her and then allows Zoch to persuade him to cover up the crime. The murder victim receives scant attention: whilst she is shown acting as a good mother to her son in one scene, she is known chiefly by her reputation for her former promiscuity (Mosblech, 1981: 31, 56, 107-108). In contrast, Mosblech works hard to win the viewer's sympathy for Lute, emphasizing his fundamental decency and the tragedy that prompted him to turn to alcohol. This sympathetic portrait is undermined, though, by his victim's brutal injuries and by a brief suggestion that Lute has a roving eye for women (Mosblech, 1981: 84). There was a clearly a tension between Lute's identity as both victim of alcoholism and sex offender/murderer. This tension exposes the difficulty of accommodating the disease concept of alcoholism within the moral framework of *Polizeiruf 110*, a series in which individuals are legally accountable for their actions. It was also evident in the contrast between the disease concept and the episode's title, which invoked the traditional association between alcohol and sin. The producers of *Polizeiruf 110* were attempting a difficult balancing act: whilst presenting crimes as the actions of a 'sick' individual allowed them to preserve an image of the GDR as a

society with intact socialist values, they could not afford to let even a ‘sick’ perpetrator off the hook.

The unresolved tension in *Der Teufel hat den Schnaps gemacht* may explain why the alcoholic protagonists of the other two episodes were not presented as the instigators of criminal action. *Unheil aus der Flasche* features a relapsed alcoholic, Frau Henrich, played by Jenny Gröllmann, another of the GDR’s leading actors. Unusually for *Polizeiruf 110*, the screenwriter and director Helmut Krätzig (1987) initially depicts the failure of the therapeutic state, which may explain why a police advisor had rejected the scenario in 1979 (Neumann, 1979).¹ Frau Henrich’s son Holger is desperate to avoid being sent to a children’s home, where he had to stay during his mother’s initial course of treatment; as a result, Frau Henrich does not seek help from her clinician. Her inability to cope is shown through the inversion of the mother-child relationship: 12-year-old Holger is in charge of the household finances and doles out alcohol to his mother in controlled doses, as if it were medicine; his mother looks to him for permission before she drinks. Unbeknown to her, he burgles shops at night, stealing radio equipment, perfume and cosmetics in order to fund her addiction. During one botched burglary he falls through a glass cabinet and is seriously injured, so that he has to be placed in intensive care. The police investigation reveals that Holger has two accomplices: his older brother Ulf, who has been living with their father and his new wife; and Frau Henrich’s neighbour Dorus,

who has orchestrated the crimes and kept most of the proceeds. The episode indicates that juvenile crime occurs when adults fail: both parents have failed in their duty, allowing the ‘false’ father Dorus to step into the breach. By focusing on Holger, the episode elides the reasons why Ulf has turned to crime; his motives are simply ignored, not excused. By demonstrating the reluctance of Holger and his mother to seek the help that they need, the episode makes a case for compulsory intervention, which Kittrie sees as a key distinguishing feature of the therapeutic state.

Helmut Krätzig (1988) also wrote and directed *Flüssige Waffe*, an episode that takes the viewer further inside the clinic to reveal the therapeutic work that goes on there. This approach enables Krätzig to show a broader spectrum of alcoholics and to identify ‘good’ and ‘bad’ responses to the treatment offered by the state. He shows the point at which convalescents become responsible for their actions, thus resolving the tension between the passive sufferer and the morally and legally accountable individual. The episode focuses on Kegel, a male patient and ex-convict who is discharged from the clinic in the opening scenes and is determined to make a fresh start with his partner, Marlies. Although Kegel repeatedly resists the temptation to drink, he is vulnerable to the machinations of Marlies’s former sister-in-law Dorothee, who is seeking to end their relationship. Dorothee commissions a criminal, Wiesmeier, to force Kegel to start drinking again, stages a burglary at Marlies’s home and plants the stolen possessions in Kegel’s apartment. Wiesmeier only succeeds in

making Kegel drink by overpowering him and forcing the alcohol down his throat, a clear analogy with the sexual assaults that Wiesmeier has committed on women.² Wiesmeier then supplies Kegel with alcohol and humiliates him, making him beg for it. In retaliation, the drunk Kegel attacks Wiesmeier with an empty bottle, seriously injuring him. When the police find Kegel, they send him back to the clinic, frustrating Dorothee's plan of using his alcoholic ex-girlfriend Xenia to burgle a church. Whilst the criminal action is certainly contrived, the main focus is on Kegel's condition and his relationship with Marlies, and the performances of Ulrich Mühe and Jenny Gröllmann in these two roles are outstanding. The ending offers only a very tentative note of optimism, as Kegel embraces Marlies outside the clinic and tells her: 'Don't cry; I'll try. Please don't cry, perhaps everything will turn out well.' (Krätzig, 1988: 116a) The fragility of this optimism was rare for popular entertainment on GDR television.

Alcoholism as disease

Whilst the three episodes are located at different points in the alcoholic career, they have a number of features in common, which reveal how the producers sought to define alcoholism for their GDR audience. Each episode presents alcoholic drinking as compulsive behaviour, driven by a physiological dependency on alcohol – a dimension that the ethnologist and historian Thomas Kochan (2011: 202) argues had been absent

from the understanding of alcohol-related crime in the GDR of the early 1970s. Frau Henrich is depicted as a reluctant alcoholic, and the directions in the screenplay show the tension between her determination not to drink and her physiological need to so: ‘Frau Henrich struggles for a while with herself, then she knocks back the glass and stretches. A visible transformation takes place: she becomes calm, relaxed, almost cheerful.’ (Krätzig, 1987: 13) In each case, the alcoholic’s decline is charted through the use of contrast: we discover that Lute used to be a decent, hardworking father (Mosblech, 1981: 2, 24); we see Frau Henrich on a good day, when she leaves her apartment and visits the zoo with her son; we see her concern for him and hear of her dreams for the future (Krätzig, 1987: 18, 25). The most dramatic shift occurs in *Flüssige Waffe*, where we see the sober, recovering alcoholic Kegel, followed by his helplessness and degradation during his relapse. When a bottle slips from his grasp outside a supermarket and breaks, he falls to his knees and wails in public; he is later shown drinking on a park bench, suffering from hallucinations (Krätzig, 1988: 76, 90).

This depiction of alcoholism as sickness marks it out as categorically different from drunkenness and the ‘normal’ consumption of alcohol in the GDR. The most extreme symptoms of alcoholism are reserved for the clinic, during the detoxification process. *Flüssige Waffe* includes two scenes in which patients – first Schultz II and then Kegel himself – are depicted suffering from delirium tremens: ‘He [Kegel] is strapped

down, but his “flying” has given way to mild tremors. Kegel is in the full grip of the delirium, on the brink of losing consciousness. He mumbles and stammers.’ (Krätzig, 1988: 97) Consultant psychiatrist Bruce Ritson (1979: 51) explains that such symptoms are thought to occur in only approximately 5% of patients, yet they feature in exaggerated form in representations of treatment in film and television. As a result, they help to define what viewers perceive as alcoholism. Mike Lewington (1979b: 72) comments:

what is particularly important from the alcoholologist’s point of view is that [the dividing line between harm-free and harmful drinking] is located so far into the area of severe damage. That is to say much drinking behaviour that would be perceived as lying in the area of harm-free drinking is from the clinical point of view extremely harmful.

So even though the producers probably intended the depiction of the symptoms of alcoholism to function as a deterrent, the emphasis on the radical difference of the alcoholic may have served to reassure heavy social drinkers. In his astute analysis of the representation of illness, Sander Gilman (1988: 1) explains how this reassurance works: ‘it is not we who totter on the brink of collapse, but rather the Other. And it is an-Other who has already shown his or her vulnerability by having collapsed.’

It was in the causes and locations of alcoholic behaviour, though, that the screenwriters' selection from the available meanings associated with alcoholism was most significant. In each episode, alcoholism is portrayed as an individual problem, rooted in individual biographies, and not as a public health problem, related to social factors. Lute's alcoholism is triggered by the death of his child (Mosblech, 1981: 24); Kegel's is related to his loneliness (Krätzig, 1988: 23); and although we never discover the cause of Frau Henrich's alcoholism, her latest episode is triggered by the breakdown of an affair with her ex-husband (Krätzig, 1987: 95). Alcoholic drinking takes place predominantly within private social spaces: Frau Henrich drinks alone at home, and Lute drinks in the private niche of his friend's summerhouse. Their alcoholism is not associated with the workplace, and when the recovering alcoholic Kegel attends a social function at work, he successfully resists the temptation to drink (Krätzig, 1988: 61). When the protagonists do drink to excess in public, it is because they have lost their earlier consciousness of shame at their condition. Lute, for instance, goes up to a table outside a restaurant and drinks the dregs from five abandoned beer glasses 'without any caution or shyness', before begging the vendor at a kiosk to give him a large bottle of vodka in return for his watch (Mosblech, 1981: 50, 54). The result of this selective portrayal is that broader patterns of drinking in the GDR, and the relationship between alcohol and sociability, go unchallenged. The alcoholic protagonists are – for the most – depicted sympathetically, and individual

medical treatment is presented as the solution to their problems. By the end of each episode, the alcoholic is in the safe hands of the medical establishment, thanks to the intervention of the police.

The alcoholic's accomplices

Sociologists have argued that the medicalization of alcoholism serves to destigmatize sufferers, as they are no longer deemed responsible for their condition. However, Irving Kenneth Zola (1972: 490) suggests that this view of illness needs to be modified:

while it is probably true that individuals are no longer directly condemned for being sick, it does seem that much of this condemnation is merely displaced. Though his immoral character is not demonstrated in his having a disease, it becomes evident in what he does about it.

In *Polizeiruf 110*, moral condemnation is also displaced from the untreated alcoholic to their family, friends and neighbours, who are presented as the enablers of disease.

Detective Fuchs blames Frau Lute explicitly for not having sought medical help for her husband (Mosblech, 1981: 77). Frau S (1981), the wife of an untreated alcoholic, wrote in to express her indignation at the detective's remark:

Did a detective *really* criticize the unfortunate wife of the alcoholic, telling her that ‘it should have occurred to her sooner that the man needed a doctor’? In that case, the clever-clogs should certainly be able to explain to us how to take a person to the doctor against his will! [...] In our experience, all lovers of the bottle [*Schnapsbrüder*] are of the opinion that they themselves are ‘not actually in such a bad way’.

Fuchs is more critical still of Zoch, telling him: ‘You knew that Theo Lute was ill, an alcoholic. Even so, you drank with him. You are no less guilty than he is. As far as I am concerned, you are morally depraved and not his friend. You played your part in Theo Lute’s destruction.’ (Mosblech, 1981: 86)

Whilst the episodes are quick to assign moral responsibility to private individuals, they overlook the political and economic context of alcohol consumption in the GDR – which, by 1988, had the highest per capita consumption of spirits in the world (Sieber, 1998: 91). After watching *Der Teufel hat den Schnaps gemacht*, two viewers wrote in to highlight this broader context. One was the retired medical expert Rudolf Neubert (1981), who wrote: ‘The title needs to be extended: the devil invented brandy, and our shops sell it!! [...] People invented brandy and produce it today. People need to learn how to deal with ethanol.’³ Herr O (1981a) took the critique much further:

It may perhaps have been the devil who invented brandy, but in the GDR it is produced in state-owned factories, as if to meet a natural need of a socialist society.

The profits from this production are then used in attempts to cure alcoholics of their addiction, attempts that are often ineffective. Something is wrong here!

Herr O (1981b: 2) supplied a three-page appendix, in which he criticized advertising for alcohol, the ubiquitous consumption of alcohol in films and on television, and the prominent position of alcohol in shop window displays and supermarkets. He argued that state policy seemed to prioritize the supply of alcoholic beverages over that of healthy food, writing that there had been hardly any shortages of alcohol in recent years, whereas the same could not be said of fruit or vegetables (O, 1981b: 2). Herr O (1981b: 3) then suggested that alcohol consumption was related to dissatisfaction: ‘If old Wilhelm Busch was right in saying “Anyone who has troubles also has liquor!”, then people in the GDR must have considerable troubles, despite the constant rise in prosperity.’ The files in the German Broadcasting Archive suggest that Herr O did not receive a response, unlike the other viewers who wrote in after watching the episode. The medical advisor for *Der Teufel hat den Schnaps gemacht* told the producers that there was little point in replying, as ‘people like this’ just wanted to have their own

views confirmed (anon., 1981). This failure to respond demonstrates the limits of discussions of alcoholism in the GDR.

The therapeutic state

The definition of alcoholism as illness has implications for the image of those who seek to control it. Peter Conrad and Joseph W. Schneider (1980: 87) explain that ‘those charged with control cease, at least overtly, to be moral crusaders and become humanitarian guardians, responsible for healing and recovery rather than reform.’ In *Unheil aus der Flasche* and *Flüssige Waffe*, the detention of the alcoholic is presented as a form of rescue: in fact, Frau Henrich agrees to go with the police voluntarily. When she subsequently escapes from the clinic in order to search for her son Holger, the sequence foregrounds her exhaustion, panic and the risk that she will attempt suicide, so that the clinic appears as a protected space (Krätzig, 1987: 63, 66, 69). This is exactly how Kegel perceives it: during his second round of treatment, he says that he will remain in the clinic for as long as possible, as he fears the world outside (Krätzig, 1988: 110). The viewer does not need to look far though to find evidence of compulsion: Kegel, for instance, is strapped down during the detoxification process.

More than the earlier episodes, *Flüssige Waffe* seeks to show what happens inside the clinic, featuring therapy sessions and detoxification. It shows how the structures support a managed process of reintegration into society, defined primarily

in relation to the workplace. Patients receive occupational therapy in the clinic, a job is provided for them on their release, most of their debts are repaid, and they are allowed out on day or weekend release towards the end of their stay (Krätzig, 1988: 16, 25). The support structures are there, and alcoholics are entitled to them. But the disease definition does not remove the moral obligation on the alcoholic to make use of these structures and to resist relapse, a point that is made through the depiction of a range of responses to treatment. Through the clinic, the viewer is introduced to a rehabilitated alcoholic who has been dry for seven years; to Schultz II, who has not engaged as fully in the therapeutic process as he might have done; and to Xenia, who has been referred to the clinic by the courts and has no desire to reform (Krätzig, 1988: 25-26, 36, 40). In a group therapy session, the therapist upholds the distinction between delinquency and disease:

Xenia: I have been referred here by the courts for anti-social behaviour and for self-neglect [*Verwahrlosung*].

Therapist: We are not responsible for anti-social behaviour and self-neglect.

Xenia takes the hint: I am dependent on alcohol, and I also take tablets.

(Krätzig, 1988: 89)

The episode's thesis is that the medical establishment places the alcoholic in a position to control and manage their condition and that once the alcoholic has been treated, it is their responsibility to abstain from alcohol.

In Kittrie's model (1971: 4-5), the growth of the therapeutic state entails the partial divestment of the criminal justice system, as some of its powers are transferred to medical experts. Yet in *Polizeiruf 110*, the powers of the criminal justice system remain intact. This is because the police are an integral part of the therapeutic state: they cooperate closely with clinicians and determine when therapeutic intervention should occur. They are able to switch between the roles of therapeutic agent and law enforcer, and the episodes do not present medical treatment as a substitute for punishment. Kegel has served his time in both prison and the clinic, and Lute is transferred to a police hospital after his arrest. When one viewer (MS, 1987) wrote in asking the producers to settle a family argument about the punishments, if any, that would be meted out to the characters in *Unheil aus der Flasche*, the dramaturge Sonja Goslicki (1987b) explained that Frau Henrich would be held legally responsible for neglecting her child. This answer was in keeping with an internal document on the episode (anon., [1987]), which summed up its ethos:

Those who are sick or otherwise in need of help enjoy the projection of the state, support and free medical care. However, this can and must not release them from the responsibility that they have for society and for themselves.

After watching *Der Teufel hat den Schnaps gemacht*, though, Dr HR (1981) took a different view:

alcoholics do not belong in the hands of the police and judicial system. They are sick, and when sick people commit a deed because they are not in a position to act any differently at that point in time, then they cannot be punished.

Legal expert Hans Hinderer (1971: 14) argued that chronic alcoholism did indeed constitute grounds for diminished responsibility in GDR law. Even so, the dramaturges of *Polizeiruf 110* were prepared to concede diminished responsibility only in the case of Kegel, who had been forced to resume drinking against his will (Goslicki, 1989b). Any other concessions would have conflicted with the moral message that they were seeking to project.

In *Polizeiruf 110*, the jurisdiction of the therapeutic state extends from the alcoholic to their immediate family. *Unheil aus der Flasche* presents detectives and clinicians as the guardians of the family unit, even though Holger and his mother

initially fear that doctors will separate them and send him to a children's home. The screenplay suggests that the producers were aware of just how politically sensitive Holger's fears would seem; the original line 'the boy was completely unhappy in the home' was changed to 'he was not happy in the home either' (Krätzig, 1987: 42). When Frau Henrich acts on her own initiative, her attempts to fulfil her maternal role are destructive. Having failed to protect Holger from harm, she tries to protect her older son Ulf by handing herself in and confessing to his crimes (Krätzig, 1987: 72). By refusing to accept this false confession, the police demonstrate their commitment to the truth and their efforts to protect legally incompetent citizens from themselves. The police facilitate a reconciliation between Frau Henrich and Ulf, and they enable Frau Henrich to perform her maternal role correctly, within the protected and supervised space of the clinic. Frau Henrich questions Ulf about his role in the burglaries, and she tells him that they must inform the police, promising that she will recover and support him (Krätzig, 1987: 106-107). This scene demonstrates that the trust between Frau Henrich and the authorities has been restored: whilst she refused to approach her doctor earlier because of her fear that Holger would be sent to a children's home, now she approaches the police, knowing that Ulf may well be sent to a young offenders' institution. As Ulf is taken away, we see a shot of Frau Henrich at the clinic window, waving; a reaction shot shows Ulf reciprocating the gesture (Krätzig, 1987: 108). Frau Henrich's doctor then takes her to visit Holger in the new wing of East Berlin's prestigious Charité hospital.

The episode ends with Holger seeming to recognize his mother, and then the doctor carefully ushering Frau Henrich away (Krätzig, 1987: 111-112).⁴

It is not just in *Unheil aus der Flasche* that renewed trust in the state is associated with the gradual return to health. In *Flüssige Waffe*, Kegel has a dual identity as a recovering alcoholic and as a former convict who has paid his debt to society. The rehabilitation for his crime is complete, and the police treat him with respect, addressing him politely as ‘Herr Kegel’ (Krätzig, 1988: 47a). Kegel’s trust in the police is ultimately what protects him from Dorothee’s attempts to frame him: he goes to the police with his initial suspicions and goes out of his way to provide them with evidence. He is rewarded twice over: the attempt to frame him fails, and the police prove that alcohol was forced upon him, thus offering him a means of regaining his self-respect after his relapse. Once again, detectives function as confidantes and relationship counsellors. Whilst the therapist acts as Kegel’s advocate, it is the detective who – with his commonsense understanding of human relationships – is able to mediate between Kegel and Marlies, persuading Kegel to offer Marlies the reassurance that she needs, despite his own doubts (Krätzig, 1988: 115). There is no trace of the anxiety that Kittrie (1971: 47-48, 293-295, 361, 379, 401-402) and the proponents of the US anti-psychiatry movement expressed about the powers of the therapeutic state to detain individuals, whether or not they want to be treated. In *Polizeiruf 110*, the state can be trusted to act in the citizen’s best interests.

Watching the therapeutic state

It is always difficult to gauge the impact of cultural representations, particularly in a state in which the media are tightly controlled, and even more so when the subject matter carries a social stigma. Yet letters and postcards in the German Broadcasting Archive offer a rare, direct insight into viewers' responses to the *Polizeiruf* episodes. The total number of letters and postcards stands at 46, with 24 on *Der Teufel hat den Schnaps gemacht*, 13 on *Unheil aus der Flasche* and 9 on *Flüssige Waffe*. This is clearly a small number, and the sample is not in any way representative, as the writers were self-selecting. Five of the responses to *Unheil aus der Flasche* may have been organized communications: they were sent in by young people from the same district of East Berlin, written on identical blank postcards and postmarked with the same date (BK, 1987; BM, 1987; FS, 1987; HS, 1987; VL, 1987). Those who wrote in conceived of the act of communication in different ways: some wrote with an eye to publication, addressing their letters to the television guide *FF-dabei* or supplying their own headlines.⁵ One writer (K, 1988) acknowledged that censorship might be a factor, writing that he did not know how much the producers would be able or 'allowed' to publish. Others wrote confidential communications, sharing personal problems or social criticisms with the producers. Some wrote in to praise particular actors, to ask for an autograph or even to suggest that the lead detective deserved a promotion (AW,

1981; KHS, 1981; UB, 1981). The letters offer an impression of the range of viewers and responses that the episodes attracted, and also of the different intentions that viewers attributed to the producers.

All three episodes attracted interest from individuals involved in the treatment of alcoholics, whether as medical experts, counsellors or patients. *Der Teufel hat den Schnaps gemacht* prompted three medical experts to write in and to congratulate and encourage the producers. Rudolf Neubert (1981) told them: ‘Your film was the drum roll, and now we need a long, long symphony.’ These writers treated the producers as fellow professionals, who were concerned to address an issue that they defined as a public health problem.⁶ So whilst the episodes focused on individual alcoholics, whose addictions had been triggered by personal problems, the medics interpreted them as case studies of a disease that was endemic in the GDR. The viewer Herr D (1981) agreed, writing: ‘As I can study the role of alcohol on a daily basis, both in my workplace and in my village environment, I consider the film a particularly valuable contribution.’ Other letters indicate that *Der Teufel hat den Schnaps gemacht* was discussed in therapy groups: it was screened privately at the District Hospital for Neurology and Psychiatry in Arnsdorf (Patientenrat der Station B/2, 1981), and members of an abstinence group in Sangerhausen watched the episode with their families (A, 1981). The episode prompted the therapy group at a polyclinic in Dresden to organize a film forum, which was attended by approximately 110 delegates from

therapy groups from across the GDR, local psychotherapists and doctors, and three members of the *Polizeiruf 110* team (E, 1981). The subsequent episodes were put to similar use: an addiction counsellor from Grimma reported that he had used *Unheil aus der Flasche* in group therapy sessions (L, 1987), and a recovering alcoholic (G, 1988) wrote in to say that he was looking forward to discussing *Flüssige Waffe* with members of his local abstinence group.

There are no letters on file from untreated alcoholics, and the surviving evidence suggests that *Flüssige Waffe* was the only episode that prompted recovering alcoholics to write in on an individual basis, rather than as the representatives of groups. This probably reflects the episode's emphasis on the process of recovery, relapse and detoxification, and also the fact that it encourages identification with a recovering alcoholic. One recovering alcoholic (K, 1988) wrote in to offer his help as an expert, saying that he would be happy to answer questions about alcoholism and therapy. Others wrote in simply to share their achievements: Herr T (1988) informed the producers that he had given up alcohol and caffeine and had also lost weight. In a letter full of exclamation marks, Herr C (1988) wrote to say that the episode had served as a vivid reminder of the recovering alcoholic's need for constant vigilance: 'Every minute, every hour, the danger of relapse is always lurking! I myself am an addict! Dry now for 1½ years! I shudder to think about something like this happening to me!'

Whilst this first group of viewers had a shared professional or personal interest in alcoholism, one older female viewer (R, 1981) who wrote in response to *Der Teufel hat den Schnaps gemacht* was more interested in the *Polizeiruf 110* series as a vehicle for political education. Her letter imagined the producers to be like-minded Party members who were trying to enlighten the less advanced members of society, particularly young people. Frau R began her letter with the socialist greeting ‘Dear comrades of the “Polizeiruf” collective!’, before proceeding to establish her own political credentials:

Writing to you is a pensioner (68 years old), who is still working from home for the local university; my husband died in the Second World War; my children have long since got married. One of my daughters has been in the SED for almost 20 years – I myself have been in it for 31 years.

Frau R went on to praise the educational thrust of *Polizeiruf 110*, writing: ‘I never miss “Polizeiruf 110”! It has an educational effect, particularly on young people, provided they do not watch Western television instead – it is a great shame if they do! It is very educational and does not seem abstract.’ The letter rehearses the classic rhetorical gestures of a loyal Party member, repeating the address ‘Dear comrades!’ partway through. Interestingly, though, it is the only reaction on file that is expressed

in such nakedly partisan terms. The closest endorsement of the episode's representation of the state came in more muted terms from the teacher Herr K. He was evidently a regular correspondent, for his letter – set out in the format of a government or SED memorandum – opened with an apology for troubling the producers again with his thoughts. He wrote that the episode's humanitarian thrust had left him 'profoundly moved', seeing it as evidence 'that in our society, in our state no one is forgotten and alone' (K, 1981). For both Frau R and Herr K, the image of the GDR as a therapeutic state accorded with their political view of reality.

What is interesting, though, is that the same episode enabled other viewers to imagine that the producers were critical of developments in society. After watching a repeat of *Der Teufel hat den Schnaps gemacht* in 1985, 32-year-old Frau E wrote to congratulate the producers on their socially critical approach. Like two of the viewers who had written in when the episode was first broadcast (AR 1981, PFK 1981), Frau E (1985) admitted that she usually had low expectations of *Polizeiruf 110*. In fact, she told the producers: 'to be honest, I almost always switch off when your series comes on.' Yet she felt that this particular episode was different: 'this was not the sort of crime drama that the petit-bourgeoisie wants. It was simple, open, denouncing things that we – or I – could never solve' – a reference to her father's alcoholism. After watching *Flüssige Waffe*, the viewer RR (1988) also congratulated the producers on what he saw as their socially critical

approach, claiming that he and many others welcomed ‘the fact that our filmmakers are increasingly prepared and able to deal with the problems we have here and to present constructive alternatives’.

Some viewers were less sanguine about the episodes’ depiction of reality in the GDR, not because they disagreed with the representation of alcoholism, but because the positive view of the police and medical establishment contrasted with their own experiences of seeking therapeutic aid. After watching *Unheil aus der Flasche*, Frau H (1987) wrote:

A film like this has probably never been shot in such a gripping way! True to life and infinitely human, but unfortunately unrealistic! The reality is different. Those who have problems like this mother, no, there is no understanding, only disgrace, humiliation and insults. I have experienced this in the flesh! Not actually as an alcoholic, but as someone who is mentally ill. I’ve had dealings with the police, plenty of them. I’ve begged for help, pleaded for it. There was no understanding; I just got given an earful.

In Frau H’s experience, the only aid available was from the Church:

Representatives of the Church, who noticed me on the street, spoke to me, offered help and gave it to me. As for state bodies, they gave me nothing. As far as I'm concerned, police are not 'human beings', and that's something I'm completely convinced of. [...] The main actor in the team of detectives was a very likeable actor. Things are different in real life! Where we live there aren't any problems, and people who do have them only have themselves to blame.

This letter alerts us to one of the blind spots in the episodes: they make no reference to support offered by organizations affiliated to the Catholic or Protestant Churches, even though both Kochan and researchers at the Charité's Institute for Occupational and Social Medicine and Epidemiology note that such organizations played an important role in providing aid to addicts in the GDR (Kochan, 2011: 310-311; Sieber, 1998: 93). The *Polizeiruf* episodes instead present the state as having a monopoly on the provision of therapeutic aid: anything else could have implied that state help was insufficient. This was certainly the view of Frau M (1989), who reported that she had been unable to secure medical treatment for her son, an alcoholic who had died 18 months earlier: 'No one helps you, no doctor, no one does anything about it.' Like Frau H, she saw the depiction of therapeutic intervention in *Flüssige Waffe* as unrealistic.

The producers of *Polizeiruf 110* took the task of responding to these letters seriously. After *Der Teufel hat den Schnaps gemacht*, they commissioned the psychiatrist Prof. Dr Dr S. to reply directly to other clinicians and to advise on how to respond to members of the public (anon., 1981). The producers extended offers of assistance to those who approached them in a professional capacity: the dramaturge Lothar Dutombé (1981) offered to meet the parish priest WO, and Mosblech agreed to speak to patients at the polyclinic in Dresden (Richter, 1981a). When approached with personal problems, they responded in their role as confidantes: a dramaturgical assistant (Richter, 1981b) thanked Frau S for her letter and for the trust that she had placed in them. Frau S had specifically asked for her name not to be published, as her husband did not know that she had written to the producers, and so the assistant explained that the team had – after lengthy deliberation – decided not to discuss the problem in a letter, in case it fell into the wrong hands: ‘A stupid coincidence like that would certainly not make your problem any easier.’ Instead, the assistant included a telephone number that Frau S could use to reach her. When viewers argued that the depiction of the therapeutic state did not match up to their personal experiences, the dramaturges respected their accounts and views. Sonja Goslicki (1987a) wrote to Frau H that she could understand why her experiences had left her feeling bitter, and told Frau M: ‘The fact that your son did not receive any medical help is indefensible, as alcoholics have a right to help, if they are determined to free themselves of their

addiction.’ (Goslicki, 1989a) Goslicki (1989a) expressed the hope that *Flüssige Waffe* would contribute to the process of education, but did not specify who should be educated: the public, the police or the medical establishment.

Conclusion

Sociologists see the medicalization of alcoholism as part of a broader shift in interpretations of deviance, namely from ‘badness’ to ‘sickness’. Indeed, Conrad and Schneider (1980: xi) see this shift as the most profound change in the definition of deviance in the previous two centuries in the USA. The *Polizeiruf* episodes provide evidence of a similar shift in the GDR, but only up to a point: they present alcoholism as a medical condition over which the untreated sufferer has no influence, but they do so within a setting that demands a focus on social control and punishment. The title *Der Teufel hat den Schnaps gemacht* demonstrates the persistence of the link between alcohol and sin, a link that is evident in Lute’s dual identity as alcoholic victim and murderer/sex offender. The tensions between the two likely responses – sympathy and revulsion – explain why the producers needed to provide Lute with an accomplice, who could be blamed for creating the conditions for the crime and then orchestrating the cover-up. The two later episodes attempt to separate the roles of ‘badness’ and ‘sickness’ more clearly: the criminals Dorus, Wiesmeier and Dorothee are positioned against the alcoholics Frau Henrich and Kegel. Despite his criminal past, it is Kegel

who invites not just sympathy but also moral approval: sympathy because he is forced to relapse, and moral approval because of his exemplary conduct in the clinic. By establishing a hierarchy of alcoholics in the clinic, *Flüssige Waffe* creates a moral framework for alcoholics. This was entirely in keeping with the ethos of the series.

. In any context, the disease concept of alcoholism serves not just to destigmatize the alcoholic, but also to depoliticize the issue. In his discussion of the emergence of the disease concept in the USA, Joseph Gusfield (1991: 419) writes: ‘The “alcohol problem” became the problem of the alcoholic and was thereby sealed off from the playtime activities of most Americans and defined as a medical rather than a political issue.’ In the GDR, the emphasis on the individual physiology and psychology of the alcoholic deflected attention away from questions about broader patterns of consumption and the availability and pricing of alcohol. As the state had a monopoly on the sale of alcohol, the Party leadership was reluctant to acknowledge any link between excessive consumption and the supply of cheap alcohol. Nor did it want to encourage scrutiny of the prominent role that alcohol played in GDR workplace culture, or of the scale of the GDR’s alcohol problem. It was questions such as these, rather than the existence of alcoholism, that remained politically taboo in the 1980s, as the silence that greeted Herr O’s highly critical letter indicated. Yet whilst the emphasis in the episodes remains on individual alcoholics, some of the viewers who wrote in nonetheless identified these individuals as examples of a

broader public health problem. This shows that even though *Polizeiruf 110* consistently attributed criminal behaviour to personal, individual weaknesses rather than social, systemic ones, GDR viewers could and sometimes did reinterpret episodes in the light of their own experience.

Whilst the *Polizeiruf* episodes avoided any suggestion that the incidence of alcoholism in the GDR might be linked to state policies, they awarded the state the full credit for the treatment of alcoholics. The depiction of the GDR authorities bears marked similarities to Kittrie's model of the therapeutic state, in that enforced therapy is recommended as the cure for deviance and as a humanitarian means of social control. The episodes present alcoholics as lacking the power and insight to seek help for their condition, and the key individuals around them as failing in their moral duty to intervene. Only the state can be relied on to instigate positive remedial action and to provide both the individual and their family with a route to recovery. Where the episodes differ from Kittrie's model is in the fact that they assign the police an integral and indeed leading role in the therapeutic state. As such, the episodes enable the GDR's law enforcement agencies to assume the humanitarian guise of the therapeutic state without surrendering any of their powers to medical experts. The choice is not, as it was for Kittrie (1971: 6), between criminal law, in which 'the state assumes the role of accuser and penalizer', and the *parens patriae* field, in which 'the state functions in a paternal and therapeutic role'. In *Polizeiruf 110*, the police switch

effortlessly between the two fields and roles. Whilst Frau H and Frau M complained that this did not match their experience of reality, the phrase ‘unfortunately unrealistic’ (H, 1987) suggests a desire for the GDR authorities to live up to the image of the therapeutic state presented in *Polizeiruf 110*.

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Notes

¹ Although one police advisor reportedly claimed that the original exposé – provisionally entitled ‘Der Einstieg’ (The Break-In, or How it Started) – was ‘interesting and feasible’ (Stübe, 1979), one of his colleagues rejected the proposal a week later, arguing that the plot did not correspond to real life, that the characters’ attitudes, actions and motivations were not convincing, and that the proposal featured forms of criminal behaviour that were not an issue in the GDR (Neumann, 1979).

² This analogy is brought out in the therapist’s comment: ‘As for a relapse, it’s a bit like pregnancy. It makes no difference whether it’s come about through inclination or force.’ (Krätzig, 1988: 114)

³ This represented a significant change from the line Neubert had taken in the Weimar Republic, when he had publicly advocated abstinence (Kochan, 2011: 20-25).

⁴ This was one of two endings that the director had filmed: in the other, Holger did not survive. At the discussion of the rough cut, the chief dramaturge reportedly declared that the viewer must be left with the conviction that everything would turn out well and that Holger would be nursed back to full health (Maiwald, 1986).

⁵ For example, A (1981) opened his letter with the headline ‘Excellent, moving and educational: the latest episode of “Polizeiruf 110”’.

⁶ Dr HR (1981) argued ‘that we must view the struggle against alcoholism as a general social responsibility and pursue it as such, far more so than we have done up to now.’

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